## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000046250

## FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90172 030 \*\*\*150.00

ALL STATE WATERPROOFING, INC.				4(8)8 8(()8 1)48) 8((): 48), 484
Principal Place of Business	Mailing Address		- I TRAILEMAN AIN ININI KAUSI NAVII ANNIA NAVII AN	114 <b>31045 0</b> 141 <b>0</b> 14001 01411 0014 1603
505 MACAW LN. #15 P.O. BOX 300993				
FERN PARK FL 32730			DO NOT WRITE IN TH	IIS SDACE
			3. Date Incorporated or Qualifed	IIS OF ACE
			05/20/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 582 OFANGE DIE	582 OZANGE DTZ 26 SAME AS A 5 Suite, Apt. #, etc. Suite, Apt. #, etc.		59-351 3340	Not Applicable
	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 100	27		3. Contribute of Status Booting	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23 ALTAMONTE SPGS, FL Zip Country	Zip Country		Trust Fund Contribution	Added to Fees
24 32701 25 USA	F	30	This corporation owes the current year     Personal Property Tax.	intangible
9. Name and Address of Current	<del></del>	70	10. Name and Address of New Registere	
		81 Name		
COLE, JOHN M	82 Street Address (P.O. Box Number is Not Acceptable)			
303 MACAN LIV. 413 382 DEPICEE DE 7-100			oss (r.s. dox rramper is recommon	
FERN PARK FL 32730 ALTA MO.	83			
	32701	84 City		85 Zip Code
			F	<u>L</u>
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered				
agent. I am familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes.	,	,
SIGNATURE Signature, typed of printed name of registered agent	Cole, FIZE	S. Registered Agent Signature required	M.COLE 5/1	199
12. OFFICERS AND	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE PRESIDENT DIRE		1.1 TITLE		☐ Change ☐ Addition
NAME JOHN M. COLE		1.2 NAME		1
STREET ADDRESS 562 ORANGE DR. #100		1.3 STREET ADDRESS		
CITY-ST-ZIP		1,4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TTTLE		☐ Change ☐ Addition
NAME:		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2,4 CiTY-ST-ZIP		- CAddition
TITLE	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		)
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETE	3.4. CITY- ST- ZIP 4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CiTY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS .		5.3 STREET ADDRESS		j
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

**SIGNATURE**